

CHEMICAL HYGIENE CHECKLIST FOR 1999

Building _____

Lab Room # _____

Lab Supervisor _____

Date _____

- ☐ Update chemical inventory sheet using the correct format (remember "5-year plan").
- ☐ Review and update Job Safety Analysis (JSA) procedures.
- ☐ Review and update Waste Disposal plans.
- Y / N Are your waste containers marked **HAZARDOUS WASTE**? If "N," re-mark labels to say "HAZARDOUS" or get new labels from Dave Grimes, CR MRT Safety Officer.
- Y / N Is the Satellite Accumulation Area well marked in this lab?
- Y / N Is the Satellite Accumulation Area Inspection Log current? This log must be completed every week and when forms are complete, turn the forms (with lab room numbers) in to Betty Adrian, CR MRT Safety Coordinator.
- Y / N Is the "Table of Contents" current? Do the page numbers match what is in the "Table of Contents"?
- Y / N Are Material Safety Data Sheets (MSDS) in this lab? If "N," which MSD sheets do you need? Submit list to Dave Grimes, CR MRT Safety Officer.
- Y / N Do you have appropriate chemical spill kits in this lab? If "N," what spill kits do you need?
- ☐ **Annual Environment Risk Assessment Log (AERAL)** is completed and signed.
- ☐ **Cover Sheet** is completed, signed, and dated.
- ☐ **All individuals working in lab** have read the updated CHP and signed the cover sheet.